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COMPANY:	DATE:
USPTO	MARCH 10, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703-308-4357	SFI 1017 (004.0014)
RE:	APPLICATION NUMBER:
Change of Correspondence Address/ Power of Attorney	10/052,010
NOTES/COMMENTS:	

FORMAL COMMUNICATION
INTENDED FOR ENTRY

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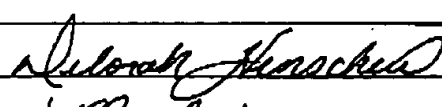
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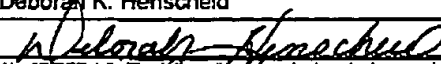
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/052,010	
	Filing Date	01/17/2002	
	First Named Inventor	Saket Chadda	
	Art Unit	3723	
	Examiner Name	Maurina Rachuba	
Total Number of Pages in This Submission	3	Attorney Docket Number	SFI 1017 (004.0014)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawings(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37CFR 3.73(b).
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Deborah K. Henscheid, Reg. No. 35,940		
Signature			
Date	March 10, 2004		

CERTIFICATE OF TRANSMISSION/MAILING

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